

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
PERMITTING AND COMPLIANCE DIVISION  
WASTE MANAGEMENT SECTION  
PO BOX 200901  
HELENA, MT 59620-0901  
Phone: (406) 444-5300  
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**SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION COMPOSTING FACILITY FOR JULY 1, 2004 - JUNE 30, 2005**

**I. FACILITY LICENSE NUMBER TAX ID NUMBER**

**II. NAME OF FACILITY**

**III. FACILITY LOCATION**

Street or Route Number (DO NOT USE P.O. BOX)

City State Zip County

**IV. MAILING ADDRESS**

Street or P.O. Box

City State Zip

**V. NAME OF LICENSEE**

**VI. CONTACT PERSON** (Person who may be contacted about the operations of the facility, information contained in this report, and to whom inspection reports should be sent.)

**Name**

**VII. CONTACT INFORMATION**

(Work) (Cell Phone)

(Fax) (E-mail)

## VIII.. MAILING ADDRESS OF CONTACT PERSON

Street or P.O. Box

City

State

Zip

## IX. QUESTIONNAIRE (Answers provide information on the status of waste handling in the state.)

- A. List the types of waste you accepted for composting, and give the approximate weight or volume of the amount composted.

**WASTE**

**VOLUME OR TONS**

- |    |    |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

What composting method was used? (Windrows, static aerated piles, etc.)

Is this activity presently described in your operation and maintenance plan on file with the Department? Yes ( ) No ( )

- B. How did you assess fees for disposal of municipal solid waste?

- |                        |    |             |
|------------------------|----|-------------|
| 1. Tipping fee at gate | \$ | /ton        |
|                        | \$ | /cubic yard |

- C. Has the design capacity or operating plan of your facility changed in the last five- (5) years?  
Yes ( ) No ( )

- D. Estimate the total tonnage OR cubic yards of solid waste present on-site as of January 1, 2004.  
Tonnage                      **OR**                      Cubic Yards

- E. Is your facility required to monitor the quality of the ground water? Yes ( ) No ( )  
Check the phase of monitoring your facility is in at the time this questionnaire is completed.

Detection Monitoring

Assessment Monitoring

Corrective Measures

F. Does your facility currently have storm water detention or retention ponds?  
Yes ( ) No ( )

G. Does your facility have a Montana Pollution Discharge Elimination System (MPDES) permit?  
Yes ( ) No ( ) MPDES Permit Number

H. How many employees (full time equivalent) work in your solid waste program?

How many hours of safety training did they receive last year?

Hazardous waste training?

Solid waste operators training?

I. The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission. **Do you want your facility name released for use on mailing lists.** Yes ( ) No ( )

X **CERTIFICATION** (An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

**Authorized Signature:**\_\_\_\_\_

**Print Name Here:**\_\_\_\_\_

**Title:**\_\_\_\_\_ **Date:**\_\_\_\_\_